

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 08 / 23 / 2015	

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2015		
Mailing Address 1020 Princess Street			Amount 10833.34		
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2015		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		234834.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Revolution Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2015		
Mailing Address 1020 Princess Street			Amount 10833.33		
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2015		
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		157508.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21666.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
08 / 23 / 2015

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 23 / 2015	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 22 / 2015	
Mailing Address 1020 Princess Street		Amount 10833.33	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 003
Purpose of Expenditure Media Placement	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 17 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 92816.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10833.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	32500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
08 / 23 / 2015

Signature